



**Dr. Erin McLaughlin, B.Sc., D.C. | Dr. Pierre Paradis, B.Sc., D.C.**

8-484 Hazeldean Road | Kanata, ON K2L 1V4 | hazeldeanchiropractic.com | T (613) 831-9665 | F (613) 831-1865

## **PEDIATRIC INTAKE FORM**

**WELCOME TO OUR OFFICE! PLEASE READ THIS ENTIRE FORM AND ANSWER ALL QUESTIONS.**

Patient Name: \_\_\_\_\_ File #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: (D) \_\_\_\_ (M) \_\_\_\_ (Y) \_\_\_\_ Age: \_\_\_\_ Gender: M F

Names of Parents/Legal Guardians: \_\_\_\_\_

### **HEALTH HISTORY**

Purpose of this appointment: Spinal Check-up \_\_\_\_\_ Other: \_\_\_\_\_

Has this child had previous chiropractic care? Y N Other Dr's seen for this condition: Y N

Doctor's Name and prior treatments: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Pertinent Family History: \_\_\_\_\_

Number of antibiotics doses your child has taken: In past 6 months \_\_\_\_\_ In lifetime \_\_\_\_\_

Other prescription medications: Previously \_\_\_\_\_ Currently \_\_\_\_\_

Allergies/Intolerances: \_\_\_\_\_

Number of bowel movements per day: \_\_\_\_\_ Hours of sleep per night: \_\_\_\_\_

### **PRENATAL HISTORY**

Ultrasounds during pregnancy: Y N Number: \_\_\_\_\_

Complications during pregnancy: Y N Describe: \_\_\_\_\_

Complications during delivery: Y N Describe: \_\_\_\_\_

Medications during pregnancy or delivery: Y N List: \_\_\_\_\_

Type of Delivery: \_\_\_\_\_ Vaginal \_\_\_\_\_ Forceps \_\_\_\_\_ Vacuum Extraction \_\_\_\_\_ Planned C-Section \_\_\_\_\_ Emergency C-Section

Cigarette/Alcohol use during pregnancy: Y N If Yes, how much: \_\_\_\_\_

Genetic disorders: Y N List: \_\_\_\_\_

Developmental disorders or challenges: \_\_\_\_\_

Breast-fed: Y N How long? \_\_\_\_\_ Formula-fed: Y N How long? \_\_\_\_\_

## **PAST HEALTH HISTORY**

Automobile collisions: Y N Describe injuries: \_\_\_\_\_

Sports/recreational activities: \_\_\_\_\_

List any injuries (falls, broken bones, concussions, etc.): \_\_\_\_\_

\_\_\_\_\_

Has your child ever been seen on an emergency basis? Y N Reason: \_\_\_\_\_

Other traumas not listed above: \_\_\_\_\_

Other illness/disease/condition not listed above: \_\_\_\_\_

Hospitalization or surgery: \_\_\_\_\_

Check any of the following that apply to your child: \_\_\_\_\_ Asthma \_\_\_\_\_ Allergies \_\_\_\_\_

Hyperactivity \_\_\_\_\_ Bed-Wetting \_\_\_\_\_ Ear Infections \_\_\_\_\_ Skin Problems \_\_\_\_\_ Difficulty

Sleeping \_\_\_\_\_ Colic \_\_\_\_\_ Constipation/Diarrhea \_\_\_\_\_ Nutritional Deficiencies

\_\_\_\_\_ Insufficient physical activity

**The above information is true and accurate to the best of my knowledge.**

Print Child's Name: \_\_\_\_\_

Print Parent's or Legal Guardian's Name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

File #: \_\_\_\_\_



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### For Office Use

Patient Name: \_\_\_\_\_

File #: \_\_\_\_\_

## CONSENT TO CHIROPRACTIC CARE

It is important for you to consider the benefits, risks, and alternatives to the care options offered by your Chiropractor, and to make an informed decision about proceeding with care.

Chiropractic care includes adjustments of the spine or other joints of the body, soft-tissue techniques like stretching or trigger-point work, and exercise.

### **BENEFITS**

Chiropractic care has been demonstrated to be effective for symptoms in the spine or other areas of the body related to nerve system function, including muscles, joints, and related soft tissues. Chiropractic care may relieve pain, including headaches and neck/back pain, altered sensation, muscle stiffness, tension, and spasm. It can also increase mobility and function, and reduce or eliminate the need for drugs or surgery.

### **RISKS**

The risks associated with chiropractic care vary according to each patient's condition, as well as to the location and type of treatment provided, and may include:

- **Temporary worsening of symptoms** – An increase in any pre-existing pain or other symptoms typically lasts only a few hours to a few days.
- **Sprain or strain** – Typically, a muscle strain or ligament sprain will resolve itself within a few days to a few weeks with some rest, protection of the affected area, and/or other minor care.
- **Rib fracture** – While a rib fracture is painful and can limit activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment to the area.
- **Injury to or aggravation of a degenerated spinal disc** – A person can present to a Chiropractor with existing spinal disc degeneration or damage, of which they may not be aware due to lack of symptoms. Disc degeneration is an expected result of spinal wear and tear through accumulated small or large injuries to the spine, and also from chronic misalignment of the spine causing uneven breakdown in spinal joints. A person may not know that such a problem exists if it is not causing pain, or that such a condition is worsening if they only experience periodic neck or back problems.

Chiropractic care is not expected to cause damage to degenerated spinal discs. However, chiropractic care, like many common daily activities, may cause aggravation of such a condition.

The consequences of a spinal disc injury or aggravation of a pre-existing disc condition may vary with each patient. In the most severe cases, symptoms may include impaired spinal mobility, radiating pain and/or numbness/tingling into the arms or legs, impaired bladder or bowel function, and impaired arm or leg function. Referral to other healthcare providers may be necessary, and other forms of treatment such as prescription drugs or surgery may be indicated.

- **Stroke** – Blood flows to the brain through arteries passing through the neck. These arteries may become weakened or damaged over time, through arterial disease or injury. A blood clot may form in a damaged artery. All or part of that clot may break off and travel up the artery to the brain, where it can interrupt blood flow and cause a stroke.

Some common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to a neck artery, or from a clot that already existed breaking off and travelling up to the brain.

Chiropractic care has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged, and the patient was already progressing toward a stroke when that patient consulted with a Chiropractor.

The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance, and brain function, as well as paralysis or death.

**Present scientific medical evidence does not establish that chiropractic care causes either arterial damage or stroke.**

## **ALTERNATIVES**

Alternatives to chiropractic care may include consulting with other healthcare professionals such as medical doctors, physiotherapists, or massage therapists. Your Chiropractor may prescribe rest without spinal adjustments, or exercise with or without spinal adjustments.

## **QUESTIONS OR CONCERNS**

You are encouraged to ask questions at any time regarding your chiropractic assessment and/or care. Bring any concerns you have to your Chiropractor's attention. If you are not comfortable, you may stop care at any time.

**Please be involved in and responsible for your care. Inform your Chiropractor immediately of any change in your condition or health status.**

### **DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR**

I acknowledge that I have discussed with the Chiropractor the assessment of my condition and the care plan. I understand the nature of the chiropractic care to be provided to me. I have considered the risks and benefits of, as well as the alternatives to, this care.

I consent to chiropractic care as recommended to me.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient printed name: \_\_\_\_\_

Chiropractor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chiropractor printed name: \_\_\_\_\_

File #: \_\_\_\_\_



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**\*\*Please bring this form with you to your next appointment\*\***

## **Chiropractic Health Insurance**

Most insurance companies provide an allowance for chiropractic care. In order to give you more information about your insurance coverage, please contact your insurance company (and your spouse's insurance company if applicable) and ask the following questions:

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **File:** \_\_\_\_\_

1. Insurance company's name?

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2. A. How much participation per year for chiropractic care? B. Deductible?

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3. What is the renewal date (ie: January 1<sup>st</sup> of each year)?

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### **Spouse Information (if applicable)**

1. Insurance company's name?

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2. A. How much participation per year for chiropractic care? B. Deductible

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3. What is the renewal date (ie: January 1<sup>st</sup> of each year)?

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